


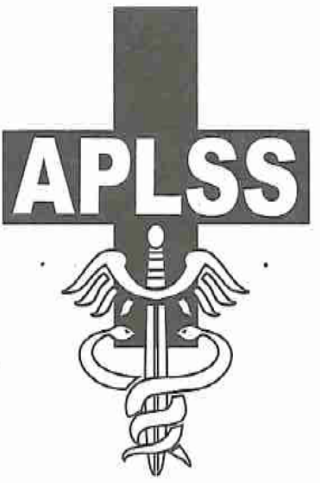


Army Provider Level Satisfaction Survey



Don't forget to complete your survey when it arrives in the mail. Your feedback is important to us! Blanchfield can earn money for your returned surveys that will be invested back into your healthcare!

 **DEPARTMENT OF THE ARMY**
OFFICE OF THE SURGEON GENERAL
SURVEY PROGRAM OFFICE (SUITE 669)
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258



Please use pen or dark pencil to mark an "X" in the answer box.
EXAMPLES: Correct ☒ Incorrect ☐ ☐

Please return your completed questionnaire in the enclosed envelope to Survey Operations, P.O. Box 5720, Hopkins, MN 55343.

Army Patient Satisfaction Survey

We need your help. We are trying to improve the quality of care we give our Soldiers and their families.

According to our records you recently had a healthcare visit with <PROVIDER> on <DATE> at <FACILITY>. Is this correct?

START HERE

Yes ☐ → Please continue with the survey.
No, saw someone else ☐ → Please continue with Q8. (on back page)
No, didn't have visit ☐ → Please stop and return your survey now.

Thinking specifically about your visit with <PROVIDER> on <DATE> at <FACILITY>, please rate how much you disagree or agree with each of the following. Please mark an "X" in the box for the answer that is closest to your opinion.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. This provider, <PROVIDER>, spent the time with you that your medical problem required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This provider listened to you carefully about your concerns and questions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. This provider understood your problem or condition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This provider treated you with courtesy and respect.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This provider explained what was being done and why.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This provider helped you with your problem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Overall, how satisfied do you feel about your visit with <PROVIDER>?.....

	Completely Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Completely Satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Which of the following best describes your familiarity with <PROVIDER>?

This provider is my Primary Care Manager (PCM) whom I see for most of my routine care..... ☐
This provider is not my PCM, but I had met or heard of him/her before this visit..... ☐
This provider is not my PCM, I had a referral to see this provider..... ☐
This provider is not my PCM, and I had never met or heard of him/her before this visit..... ☐

Please turn over and continue on the back page.

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Please tell us how you were treated by staff before and after you saw the healthcare provider. Still thinking about your visit on <DATE>, please rate the following aspects of your care and service during that visit:

	No Experience	Poor	Fair	Good	Very Good	Excellent
9. The overall phone service you received in scheduling the appointment for this visit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How well your needs and schedule were taken into consideration when this appointment was scheduled.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The amount of time from when you made the appointment until your actual visit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The amount of time you waited at the clinic to see the healthcare provider.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The courtesy and helpfulness of the staff during this visit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The coordination among all the people who cared for you during this visit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The cleanliness of the facility you visited.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The convenience of the facility you visited.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you also went to the Pharmacy in conjunction with your visit on <DATE>, please rate your experience with this service:

	No Experience	Poor	Fair	Good	Very Good	Excellent
17. Overall, how would you rate your visit to the Pharmacy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your visit on <DATE> was to receive care for ongoing or chronic pain, please rate your experience with this service:

	No Experience	Poor	Fair	Good	Very Good	Excellent
18. Overall, how would you rate the care you received for your ongoing or chronic pain?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you have any comments about your visit with <PROVIDER> on <DATE> that we can share with the Army Medical Command?

20. Everything considered, how satisfied were you with <FACILITY> during this visit?

	Completely Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Completely Satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you disagree or agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
21. In general, I am able to see my provider(s) when needed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I trust <PROVIDER> to give me proper care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I trust the Army Medical Command to take care of me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Overall, how satisfied are you with the healthcare you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Would you recommend <PROVIDER> to your family and friends?

	Definitely No	Probably No	Probably Yes	Definitely Yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. In general, how would you rate your overall health?.....

	Poor	Fair	Good	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. In general, how would you rate your overall mental or emotional health?.....

	Poor	Fair	Good	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for your opinions. Please return this survey today in the self-addressed envelope.
ATTN: AMEDD SURVEY CENTER, P.O. Box 5720, Hopkins, MN 55343
Data Recognition Corp.-12884-54321

20. Everything considered, how satisfied were you with Blanchfield Army Community Hospital during this visit?

Completely Dissatisfied Dissatisfied Neither Satisfied nor Dissatisfied Satisfied Completely Satisfied

☐ ☐ ☐ ☐ ☒

If you are not completely satisfied with your appointment visit, please notify a staff member now so we can resolve your concerns today.